

**Assurance strategy 6: Providing health information and related services directly to the public**

**Office of the Assistant Secretary for Health (OASH)**

1. Continue to operate the National Health Information Center, a referral organization that identifies health information resources; channels requests for information to the appropriate information resource; and develops publications on health-related topics of interest to health professionals, the health media, and the general public (*Office of Disease Prevention and Health Promotion*).

**1990-91**

**1992 and beyond**

2. Review the functions of the Family Life Information Exchange and modify activities to meet the needs of family planning practitioners and the general public (*Office of Population Affairs*).

**1990-91**

**1992 and beyond**

**National Institutes of Health (NIH)**

1. Identify, collect, process, and disseminate printed and audiovisual information materials in the areas of patient, public, and professional education, as well as information from community demonstration and federally funded programs. Examples are information originating from NIH information and public affairs offices, the annual Diabetes Day information sharing and dissemination activities, the campaign to encourage organ donation by members of minority groups, and biennial national conferences on blood pressure and blood cholesterol levels for health care professionals and researchers.

**1990-91**

**1992 and beyond**

2. Maintain an online data base directory containing location and descriptive information about organizations considered to be information resource centers.

**1990-91**

**1992 and beyond**

3. Identify persons at high health risk and assure that members of minority groups and those traditionally underserved are reached. Supporting activities include data analysis, program planning, program development, program outreach, and program assessment and assurance functions of public health agencies. Examples of these programs are: the National High Blood Pressure Education Program, the National Cholesterol Education Pro-

gram, the Smoking Education Program, the National Blood Resource Education Program, the National Asthma Education Program, the Task Force on Lupus in High Risk Populations (an interagency Task Force), Alzheimer's Program, the Baltimore High Risk Pregnancy Project, and the National Eye Health Education Program.

**1990-91**

**1992 and beyond**

4. Disseminate information to the public and health professionals on disease prevention and control through NIH information and public affairs office programs; the Cancer Information Service; the Cancer Prevention Awareness Program; Physician Data Query; the Biotechnology Seminar Series; the National Heart, Lung, and Blood Institute Information Center; the National Cholesterol Education Program; the National High Blood Pressure Education Program; the Smoking Education Program; the National Asthma Education Program; the National Blood Resource Education Program; and the National Eye Health Education Program.

**1990-91**

**1992 and beyond**

5. Develop initiatives to support research on interventions to improve decision making by patients and their physicians. Integrate rehabilitation issues into treatment decisions, such as for treatment, therapies, and followup care for breast cancer patients.

**1990-91**

6. Establish Community Clinical Oncology Programs designed to serve predominantly minority communities.

**1990-91**

7. Establish Community Programs for Clinical Research on AIDS (CPCRA) designed to enlist community-based physicians and their patients in studies of AIDS drugs. CPCRA will reach out to minority group members who are infected by HIV.

**1990-91**

**1992 and beyond**

8. Continue to maintain the AIDS Clinical Trials Information Service, a computerized service providing current information, free of charge, about clinical trials sponsored by NIH for AIDS patients and others infected with HIV.

**1990-91**

**1992 and beyond**

## **Indian Health Service (IHS)**

1. Continue to fund and operate a comprehensive health services delivery system.

**1990-91**

**1992 and beyond**

2. Incorporate promptly into IHS children's preventive services those new vaccines that are relevant to the health needs of American Indian and Alaska Native infants and children, are approved, and become available for general use.

**1992 and beyond**

3. Complete public information materials for the Community Health Representative Program.

**1992 and beyond**

4. Maintain communication with tribal groups through national distribution of a quarterly community health representative update report to the field.

**1992 and beyond**

5. Prepare special and regular reports for such matters as budget formulation and justification, congressional testimony, and reports to the tribes.

**1992 and beyond**

## **Health Resources and Services Administration (HRSA)**

1. Coordinate educational materials and strategies for involving the community. Federal, State, and local communications and education personnel will participate through the public information program. Officials from other public agencies and other organizations with expertise in these communications will be consulted.

**1990-91**

2. Improve efforts to strengthen family and early childhood health, particularly through implementation of findings and recommendations of the Surgeon General's conference on children with special health needs and its focus on family-centered, community based care.

**1990-91**

3. Develop maternal and child health handbooks to provide a home-based health record and basic information on health and development for pregnant women and new families (*Maternal and Child Health Bureau*).

**1990-91**

4. Establish a National Clearinghouse on Rural Health to collect and disseminate information (*Office of Rural Health*).

**1990-91**

5. Expand outreach efforts in the organ transplantation program. Coordinate an outreach program with organ procurement agencies to communicate the need for organ donations by members of minority populations. Develop effective training programs for requesting organ donations from members of minority groups. The training programs would be located in outreach programs at municipal hospitals in cities with large minority populations (*Bureau of Health Resources Development*).

**1992 and beyond**

## **Food and Drug Administration (FDA)**

1. Expedite the program on health fraud and AIDS to minimize misinformation, quackery, and health fraud associated with products offered for AIDS prevention and treatment.

**1990-91**

2. Develop nutrition guidelines for AIDS patients, including guidance on foodborne pathogens.

**1990-91**

3. Participate in and support PHS activities to reduce the risk of HIV transmission (see assurance strategy 1, FDA item 8).

**1990-91**

4. Work with other Federal agencies and health care provider organizations to educate the users of medical devices on their safe and effective use. This includes both barrier devices designed to interrupt the transmission of HIV in health care settings as well as devices with the potential to transmit HIV (see assurance strategy 1, FDA item 9).

**1990-91**

5. Improve the public education program on foodborne biological hazards.

**1990-91**

6. Address the problem of pathogens that may cause serious or fatal infections in those with special risk. Publish special dietary and food handling advice, either directly or through physicians (see assessment strategy 1, FDA item 6; assurance strategy 1, FDA item 15).

**1990-91**

7. Expand successful patient education initiatives to promote the safe and effective use of drugs.

**1990-91**

8. Expand the consumer education program addressing the hazards of certain imported products.

**1992 and beyond**

9. Distribute timely information on FDA regulatory and other actions related to AIDS.

**1992 and beyond**

10. Continue and expand educational programs on health fraud and AIDS to minimize public misinformation.

**1992 and beyond**

11. Continue to identify segments of the population at special risk from certain pathogens in food; tailor and disseminate appropriate information to allow those at risk to take appropriate precautions (see assessment strategy 1, FDA item 6).

**1992 and beyond**

12. Expand the range of information provided to consumers concerning diet and health, to assist consumers in selecting diets that reduce the risks of major chronic diseases such as heart disease, cancer, hypertension, and osteoporosis. This would include new food labeling initiatives.

**1992 and beyond**

13. Develop and expand an educational initiative on medical foods, directed to manufacturers to assure the quality and safety of these products, and to consumers to help them choose more carefully (see assurance strategy 1, FDA item 33).

**1992 and beyond**

14. Determine consumers' perceptions of risks associated with seafood. Based on the results of such studies, develop and implement an educational campaign to help consumers evaluate and respond to such risks.

**1992 and beyond**

15. Communicate to a wide variety of consumer audiences the findings from FDA's pesticide monitoring program, responding to public perceptions that some items in the food supply may be unsafe because of pesticide residues.

**1992 and beyond**

16. Direct patient education initiatives on human drugs to new so-called special needs population segments. Strengthen and update programs for those segments, such as the elderly, who are already the subjects of initiatives.

**1992 and beyond**

#### **Centers for Disease Control (CDC)**

1. Maintain, where appropriate, services provided directly to the general public, such as preventing importation of disease and informing the public of the dangers of smoking.

**1990-91**

**1992 and beyond**

- Maintain emergency response capacity for investigating, preventing, and controlling epidemics of infectious disease.

- Achieve and maintain high levels of correct information and positive attitudes among the American people with regard to HIV and AIDS.

- Assure timely access to accurate information about HIV infection and AIDS through clearinghouse and hotline services.

## **Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)**

1. Respond to a broad range of inquiries from the press and other members of the public. Facilitate access to those who can provide current and accurate information on problems involved in alcohol abuse and alcoholism. Assist the public in information requests by providing publications, referrals to other sources, and access to experts in the subject (*National Institute on Alcohol Abuse and Alcoholism*).

**1990-91**

**1992 and beyond**

2. Maintain the Alcohol and Alcohol Problems Science Database, called ETOH, an online and publicly available data base providing current research literature on alcohol-related issues to the general public (*National Institute on Alcohol Abuse and Alcoholism*).

**1990-91**

**1992 and beyond**

3. Fund and evaluate the primary care and drug abuse demonstration projects, administered through HRSA for the third year (*National Institute on Drug Abuse*).

**1992 and beyond**

4. Establish a procedure for assisting community mental health centers to improve services for the mentally ill (*National Institute of Mental Health*).

**1990-91**

5. Provide technical assistance to community mental health center programs for adult children, and community support programs for adolescents to improve services to the mentally ill through human resource development (*National Institute of Mental Health*).

**1990-91**

6. Launch a national research-based public education campaign on depressive disorders to increase recognition and to encourage help-seeking behavior (*National Institute of Mental Health*).

**1990-91**

7. Assist States in implementing State mental health plans by offering technical assistance and holding seminars for State and local mental health officials on modifying State plans for improving services (*National Institute of Mental Health*).

**1992 and beyond**

8. Attain the goal of establishing outreach network programs in all 50 States and the District of Columbia (*National Institute of Mental Health*).

**1992 and beyond**

9. Complete the process of staff appointments (*Office for Treatment Improvement*).

**1990-91**

10. Publish requirements for a discretionary program (*Office for Treatment Improvement*).

**1990-91**

11. Initiate programs for cities and areas designated by the President as natural disaster areas (*Office for Treatment Improvement*).

**1990-91**

12. Complete FY90 funding of the discretionary program (*Office for Treatment Improvement*).

**1990-91**

13. Initiate programs for critical populations, substance abusers in the criminal justice system, and for a national consultant exchange (*Office for Treatment Improvement*).

**1990-91**

**1992 and beyond**

14. Conduct extensive community outreach for pregnant addicts to eliminate existing barriers to service (*Office for Substance Abuse Prevention*).

**1990-91**

**1992 and beyond**

15. Conduct a community partnership demonstration grant program (*Office for Substance Abuse Prevention*).

**1990-91**

**1992 and beyond**

16. Develop a monitoring system to provide quarterly information on services and issues encountered by demonstration grant programs (*Office for Substance Abuse Prevention*).

**1992 and beyond**

17. Provide grants for additional high-risk youth programs and pregnant and post partum programs (*Office for Substance Abuse Prevention*).

**1990-91**

**1992 and beyond**

## **Agency for Toxic Substances and Disease Registry (ATSDR)**

Continue to provide direct service to needed sites and situations.

**1990-91**

**1992 and beyond**

- Conduct health assessments at required sites and at appropriate sites identified through public inquiry.
- Provide ongoing consultations and chemical and exposure pathway recommendations for unscheduled releases of toxic substances in the environment.
- Convert the ATSDR Toxicological Profiles and other pertinent information into text that is readable by and applicable to the lay public.
- Provide, through regional representatives, information at public meetings concerning activities and potential risk at hazardous sites.

## **Agency for Health Care Policy and Research (AHCPR)**

As part of information dissemination activities, explore nontraditional sources and formats so that important research findings will be directed to the general public and special population groups most affected.

**1990-91**

**1992 and beyond**